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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/GB00/01566 04/20/2000 KMC

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

UNITED KINGDOM 9909301.5 04/22/1999

KMC

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance	UNITED KINGDOM	4	10	1
Verified and Acknowledged Examiner's Signature	KMC	Initials		2D	

**ADDRESS**

30159

**TITLE**

WOUND TREATMENT APPARATUS EMPLOYING REDUCED PRESSURE

<b>FILING FEE RECEIVED</b> 2020	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other  <input type="checkbox"/> Credit
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